*DRAFT~3/14/2007~*Allegheny County Mental Health Plan For Adults with Serious Mental Illness: Update for Fiscal Year 2008-2009

Executive Summary

During the planning process last year the Allegheny County Department of Human Services, Office of Behavioral Health (OBH) with stakeholder input developed a Vision and Mission Statement, reassessed needs identified in the FY 05-06 Plan and developed goals for those identified needs. As results of last year's planning process OBH partnered with stakeholders in the implementation of a number of projects, many being multi-year ventures. Many if not all projects support one or more state-wide Service Area Plan Goals. This update describes these projects and local efforts to move forward with system transformation.

Working closely with the Community Support Program, the Allegheny County Coalition For Recovery, consumers, family members, providers and networks OBH fosters system change by supporting new recovery-oriented initiatives including Evidence Base Practices (EBP.)

The Change Management Team responsible for designing a comprehensive, recovery-focused service system has committees addressing both a single point of accountability for mental health consumers and the crisis services system. The MH/MR Advisory Board has released a position statement regarding a single point of accountability in the mental health system.

The Consumer Action Response Team (CART) continues to play a vital role in assisting OBH to identify areas of need for consumers and family members through its interview and data collection and reporting processes. OBH Monitors rely on CART data to identify consumers discharged from Mayview State Hospital as part of the Community Support Plan process who may be having difficulties in the community.

Moreover, OBH is implementing the housing plan that was developed two years ago. This plan provides the blueprint for the development of over 200 new housing units for mental health consumers along with an array of housing support services with an emphasis on affordable, safe, permanent supportive housing.

Allegheny County OBH values not only the input of consumers and family members in planning for services, but also views them as valuable partners in the implementation of services. Most, if not all of the projects described here were recommended by consumers and family members who now are helping to make them a reality.

B. Vision & Mission Statement

The Office of Behavioral Health in conjunction with stakeholders developed a vision and mission statement for the FY 07-08 Adult Mental Health Plan. For additional information concerning the process used in developing the Vision and Mission Statements please see the FY 07-08 Plan. The Allegheny County Community Support Program reviewed and endorses both statements.

Office of Behavioral Health Vision

Every Allegheny County Citizen with a behavioral health disorder, including co-occurring disorders, is able to live, learn, work, and participate fully in their chosen communities.

Office of Behavioral Health Mission

The mission of the Allegheny County Department of Human Services, Office of Behavioral Health is to provide leadership in promoting consumer driven recovery and/or resilience for Allegheny County citizens with mental illness, serious emotional disturbance and/or substance use disorders. The Office of Behavioral Health accomplishes this mission by providing, facilitating and/or promoting coordination of efforts of system stakeholders to enhance the recovery/resilience capacity of our community.

C. Process Used For Completing the Plan Update

The Allegheny County Office of Behavioral Health FY 07-08 Mental Health Plan for Adults with Serious Mental Illness included a needs assessment built on focus groups and other important stakeholder meetings. Due to the wealth of information collected for the FY 07-08 Plan OBH did not conduct another extensive needs assessment but has utilized consumers, family members, providers, and other stakeholders to assist it in implementing the FY 07-08 Plan's initiatives and recommendations:

- The CSP Employment and Advocacy Committee met monthly with OBH and the Office of Vocational Rehabilitation (OVR) to develop a supported employment pilot project. CSP committee members provided valuable feedback regarding the components and design of the pilot project.
- Working with CSP members and the Local Housing Options Team (LHOT) OBH participated in an incubator group exploring the development of Fairweather Lodge programs. This is one of CSP's recommendations in the FY 07-08 Plan.
- The Permanent Supported Housing Initiative is an outgrowth of a comprehensive housing plan developed by the Technical Assistance Collaborative for OBH in April 2005. Operations began in August 2006.Currently two advisory committees include consumers and family members assisting with implementation.
- Consumers and family members have participated in creating RFQs, reviewing them and recommending awards for new services. Community Care Behavioral Health and OBH collaborated on a new Community Treatment Team and involved consumers and family members. OBH anticipates issuing RFQs for a personal care home serving individuals with mental illnesses and sexual offending behaviors. Consumers and family members will be asked to assist in this process.
- In 2005 the Allegheny County Coalition For Recovery (ACCR), Quality Committee produced the document "Guidelines for Developing Recovery Oriented Behavioral Health Systems." In the coming fiscal year (FY 07-08) these guidelines will be referenced as part of the standard OBH provider contract and will promote important benchmarks for providers to consider in their provision of recovery-oriented services. Consumer participation in the development of the original document was vital.
- Consumers participated in the Mayview State Hospital (MSH)) Service Area Planning process and in the discharge planning of individuals from Mayview State Hospital. Consumers were involved in the design of the Community Support Plan form and now conduct meetings/assessments with individuals targeted for discharge. NAMI members conduct the family component of the CSP assessment.
- OMHSAS staff presented their feedback regarding the FY 07-08 Adult Mental Health Plan at a CSP general meeting that attracted over sixty-five participants.
- Based upon feedback from OMHSAS OBH submitted feedback to the CSP regarding its recommendations to OBH for the FY 07-08 Plan.

D. Update from FY 2007/2008 County Plan

System Needs

No changes since prior plan.

System Change

Allegheny County's top five system changes from last year remain priorities for FY 08-09. The Change Management Team responsible for overseeing system transformation in Allegheny County has formed two committees:

- The Single Point of Accountability Committee is charged with ensuring that each individual with serious and persistent mental illness or co-occurring disorders has a single point of accountability within the behavioral health system. We will review the role of case management and identify strategies for improving the quality of service consumers and family members receive.
- The Crisis Services Committee is responsible for developing an implementation plan for a newly structured crisis system that will ensure timely, effective, person-centered response to crisis situations by the behavioral health system.

Both committees were created to reduce the utilization of unnecessary and often expensive services and to improve the coordination of services to achieve better outcomes/quality of life for consumers. These goals underpin the three state-wide Service Area Plan goals.

The Allegheny County MH/MR Advisory Board has developed a position paper titled Position Statement on Serving People with Serious and Persistent Mental Illness And Co-Occurring Disorders in the Community emphasizing the role of case managers and CTT teams in a system where there is a single point of accountability. The paper recognizes the importance of viewing behavioral health consumers holistically to assist them on their recovery journey, but acknowledges the behavioral health system lacks the resources to address the myriad of basic needs. Linkages to other systems (housing, medical health care, transportation, etc.) are an essential component of the recovery process. Facilitating them requires enhanced skills, training and performance on the part of case managers.

Discussion is underway to plan and implement a thirty bed reduction at Torrance State Hospital. Central Region Administrators, Allegheny County OBH and OMHSAS are all parties to the discussion pursuant to the state-wide Service Area Plan's (SAP) Goals.

A major system change developed through the Service Area Planning (SAP) process is the way discharge planning from Mayview State Hospital (MSH) happens. Individuals at MSH longer than two years now meet with peers from the Consumer Action Response Team (CART) to assess their needs and goals and wishes related to living in the community. This new process engages family members as well as professional staff at MSH, and gives residents more control over the outcomes of the discharge planning process.

One of OBH's Top Five System Changes from the FY 07-08 Plan is to implement the Housing as Home Housing Plan. The Office of Behavioral Health took a significant step forward this fiscal year with the implementation of the Permanent Supported Housing Team (PSHT) through Transitional Services, Inc. The PSHT was a cornerstone of OBH's 2005 Housing As Home Plan. The core purpose of the Permanent Housing Support Team is to assist high priority consumers to identify and move into safe, affordable housing of their choice in the community and to successfully maintain this tenancy.

Allegheny County added one new request to the FY 08-09 Top Five Funding Request For Infrastructure Support or Enhancement of Service Capacity That Require New State Funds (Attachment K): funding to start two Fairweather Lodge programs. OBH proposes to develop one of these programs for Transition Age Young Adults. A Fairweather Lodge program will fill a unique niche covering the vocational and housing arenas with a single program.

EBP and Recovery-Oriented Promising Practices

Allegheny County continues to expand and implement new services based upon best practice models and recovery-oriented promising practices. Allegheny County's Consumer/Family Satisfaction Team (C/FST), CART continues to be a leader among C/FSTs statewide.

During the past year CART participated in the Mayview discharge planning process by interviewing consumers and family members as part of the Community Support Plan development prior to discharge. CART completed a follow-up survey as part of the CSP process on individuals who have been discharged for six months. This data is used by Allegheny Health Choices, Inc. in coordinating the Mayview Service Area Planning Process as well as by OBH. CART has been surveying interviewees regarding satisfaction with their employment status. This information formed the base that CSP used to urge OBH to initiate its supported employment pilot project (see below). CART is now conducting a more extensive survey of recovery-oriented themes with consumers and family members. This expanded survey is now being used in Community Care Behavioral Health's 23 expansion counties.

OBH in conjunction with other stakeholders collaborated in obtaining two grants during this fiscal year that will make Allegheny County one of the few locations nationally to have all five intercepts in place of the forensic best practice Sequential Intercepts Model developed by Patricia Griffin, PhD and Mark Munetz, MD. The grant obtained from the U.S. Department of Justice in conjunction with the Criminal Justice Mental Health Collaborative of Allegheny County and the City of Pittsburgh will support the creation of a police-based Crisis Intervention Team (CIT). The CIT is designed to avoid the unnecessary arrest of individuals needing mental health and/or drug and alcohol services who commit nonviolent crimes and to link them with services. The grant obtained by the Allegheny Jail Diversion Program from the Pennsylvania Commission on Crime and Delinquency will support a program to divert individuals who have been arrested at the pre-booking stage of the legal process. The target population is men and women with a mental illness and/or co-occurring substance use disorder, arrested for a misdemeanor or non-violent felony offense and who are at the preliminary arraignment stage during night court. Planning is currently underway on both projects with implementation planned for FY 07-08. Both projects address the state-wide SAP Goal III.

In conjunction with the CSP Employment and Advocacy Committee and the Office of Vocation Rehabilitation OBH is developing a pilot, supported employment program that utilizes many elements of the supported employment best practice model. This pilot will be operational before the end of the current fiscal year and will extend into FY 07-08. Participants will be identified through the use of the Need For Change (NFC) Scale.

During FY 06-07 OBH expanded its use of the Assertive Community Treatment best practice by creating another Community Treatment Team (CTT) focused primarily on working with individuals discharged from the state hospital or who are diverted from community hospitalization. It is anticipated that two or three more CTT teams will be operational by FY 08-09. OBH also is implementing enhanced case management teams which have increased access to

psychiatrists and have nursing staff as part of the team. While not a full-blown CTT the enhanced case management teams bring many of the benefits of a CTT for consumers.

Community Care Behavioral Health has continued to expand the application of the PennMAP in partnership with willing provider agencies and willing consumers. This is an ongoing effort that will continue through FY 08-09. Initial evaluation findings indicate high levels of consumer and provider satisfaction.

OBH staff participates in the Allegheny County Homeless Alliance and its subcommittees. This is a network of providers, advocates and consumers concerned with homelessness. The Homeless Alliance authored the County's "Ten Year Plan to End Chronic Homelessness." The priority project under development is an Engagement Center with "drop-off," "drop-in" and Housing First components to meet the needs of persons experiencing chronic homelessness. Some of these persons have a serious mental illness and some have co-occurring mental health and substance use disorders. This will help address SAP Goal III as currently some persons find their way into jails due to a lack of such a program.

Peer Support

Peer support is a key component of the recovery process and OBH remains committed to expanding peer support opportunities. One such project undertaken in collaboration with PSAN is the Mayview State Hospital Peer Mentoring Program. Peers from the community are paired with individuals prior to their discharge from Mayview State Hospital. These peer mentors offer friendship as well as support to their partners while they are still in the state hospital and remain with them in this capacity as their partners transition to the community. In the community mentors continue to provide support and ensure their partners are connecting with services necessary to sustain recovery, including links to other peer support services. PSAN's Warmline has expanded its hours of operation to seven days/week and averages 500 calls/month. The Warmline fills an important void for consumers who are not having a crisis requiring clinical intervention, but are lonely or need assistance solving a problem. This peer-delivered service enables callers to talk with others who have struggled with many of the same issues in their own lives.

PSAN will serve as a regional resource for training and certifying peer specialists. This project is being done in partnership with the Mental Health Association of Allegheny County and the Mental Health Association of Southeast PA.

During FY 06-07 OBH partnered with the Allegheny County Coalition For Recovery (ACCR), NAMI, and Community Care Behavioral Health in initiating the anti-stigma program, In Our Own Voice (IOOV). Coordinated by NAMI, IOOV participants share their stories of recovery with peers, professionals, and the general public and serve as role models for peers that recovery can and does happen. Thirteen individuals completed IOOV training and have conducted a number of speaking engagements since completing training. IOOV plans to send two of its speakers to a national IOOV trainer training in April and they will conduct annual trainings for more individuals to become IOOV presenters. In addition to inspiring peers, IOOV presenters combat negative stereotypes about people with mental illnesses held by professionals and the general public.

The Emerging Leadership Institute (ELI) is another peer support/training program supported by OBH in conjunction with ACCR and the Consumer Empowerment Project under the auspices of the Mental Health Association. ELI trains consumers in leadership skills to enable them to participate on boards and committees. After completing training consumers meet monthly to solicit feedback from one another about dealing with situations they have encountered during the

month. Providers attend these monthly support group meetings to recruit people for their boards and committees. One large behavioral health provider requires consumers who are interested in its advisory board positions to complete ELI training.

Quality Management

OBH Program Monitors extensively make use of CART data, gleaned from interviews with consumers discharged from MSH under the CSP process for quality assurance purposes. This data is put into a database and utilized for ongoing follow-up with provider agencies when consumers identify problems that could lead to re-hospitalization.

Currently, OBH supports NAMI's Family to Family psychoeducation training program. However, OBH is aware also that other agencies are providing family psychoeducation, but this information is not collected formally. OBH intends to develop an operational definition of family psychoeducation and to create a process for collecting these data during FY 07-08.

E. Housing

In FY 04-05 Allegheny County contracted with the Technical Assistance Cooperative to develop an housing plan entitled Housing as Home. For the past two fiscal years, OBH has worked at implementing the plan in stages by developing contractual relationships with the Allegheny Housing Authority and Transitional Living Services to carry out components of the plan. This plan was developed with substantial consumer and family member input through focus groups and as members of the steering committee guiding the development of the plan. Currently, OBH is midway through a multi-year effort to implement this housing plan and is pleased with the progress made to date. Ms. Kelly Primus, Director of Operations for AHCI is acting as the point person for the implementation of the OBH Housing as Home plan.

Attachment A (Form I or II Required)

SIGNATURES OF LOCAL AUTHORITIES

INTENT OF SECTION

The intent of this section is to provide the necessary signatures of the local authorities as required by Chapter 4215 of the Pennsylvania Code. "Local authorities" are defined as, "the county commissioners or county executives of a county, or the city councils and the mayors of first class cities, or two or more of these acting in concert." The signatures apply only to the County Plan, including the County's Service Area Plan.

REQUIREMENT

Please provide appropriate signatures on the attached form (Form I or Form II) that best corresponds with your county program structure. Include the signatures as Attachment A in the order specified in the packaging of the final plan document. The county program may retain the original signatures.

Attachment A: Form I

SIGNATURES OF LOCAL AUTHORITIES: COUNTIES

I/We assure that I /we have reviewed and approve the attached FY 2008-2009 County Mental Health Plan.

COUNTY 1___Allegheny_____

Chairperson/County Commissioner:

Name_____ Signature_____ Date_____

Attachment B (Required)

County Allegheny

PUBLIC HEARING NOTICE

Attachment C (Required)

County Allegheny

COMMUNITY SUPPORT PROGRAM (CSP) INPUT INTO COUNTY PLAN PROCESS

Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Mental Health Plan. Check the appropriate "Yes" or "No" column to indicate sources of information or completion of each task. Use the "Comments" section to qualify your answers.

YES NO

1. What group (s) provided reports/information to help the CSP committee develop its recommendations for the County Mental Health Plan?

[ ] [ ] Consumer Satisfaction Team
[ ] [ ] County Office of Mental Health
[ ] [ ] Consumer groups
[ ] [ ] Family groups
[ ] [ ] Provider organizations
[ ] [ ] Mental Health Association
[ ] [ ] Other (_____)

Comments:

2. The CSP Committee completed the CSP Indicators Rating Scale to evaluate areas of strengths and needs of their local mental health system. [checklist attached]

[ ] [ ]
Comments:

NOT APPLICABLE FOR FY 2008-2009 COUNTY MH PLAN

3. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

[ ] [ ]
Comments:

4. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

[ ] [ ]
Comments:

YES NO

5. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

[ ] [ ]
Comments:

6. The CSP Committee submitted written testimony at the scheduled public hearing. If "YES", attach a copy of the testimony to this report.

[ ] [ ]
Comments:

7. The CSP Committee endorses the County's Annual Mental Health Plan.

[ ] [ ]
Comments:

8. The CSP Committee see evidence that the CSP Recovery Model Wheel is used to guide planning activities.

[ ] [ ]
Comments:

9. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan.

[ ] [ ]
Comments:

10. The county office of Mental Health submitted a written response (describing action and timeliness) to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

[ ] [ ]
Comments:

YES NO

11. The County CSP Committee has requested the County Office of Mental Health to submit a semi-annual report outlining progress in implementing the current year's Plan.

[ ] [ ]
Comments:

12. The CSP Committee submitted a copy of the completed Plan Development checklist with comments to:

[ ] [ ] The County Office of Mental Health
[ ] [ ] The Regional Office of Mental Health and Substance Abuse Field Office
[ ] [ ] The Regional CSP Advisory Committee

Comments:

Name of CSP Committee_____

CSP Committee Chair:_____

Address_____

City, State, Zip_____

Phone_____Fax_____

E-Mail_____Date_____

Members Representing Consumer:_____

Members Representing Family:_____

Member Representing Professional:_____

Names of other participants:

1._____
2._____
3._____
4._____

Attachment G1 (Required)

County ____Allegheny_____

QUALITY MANAGEMENT ACTIVITIES STATUS REPORT

This is a brief update on those Quality Management Activities summarized in FY 2007-2008 County Plan.

ACTIVITY	BRIEF DESCRIPTION	CURRENT ACTIONS/STATUS
1	Improve integrated data collection system, especially in areas of diagnoses and Priority Group.	Changes DHS made to our data system (eCAPS) allow all mental health providers, not just Service Coordination Units to update a consumer's demographics, diagnosis and priority group status improving timeliness and accuracy of data as well as easing the use of the system for providers. This should result in better reports and more sound analyses of service-level data.
2	Better use CCR-POMS and CART data to identify successes and areas calling for additional resources and effort	OBH used CART data to guide the development of an initiative recommended by CSP for a pilot supported employment program using the NFC Scale. OBH routinely incorporates CART data in county monitoring of agency performance.
3	Developing monitoring collaborations, strategies and tools to measure progress on Service Area Plan goals and objectives.	CART provides data to OBH re: issues of concern for people discharged from MSH to the community. OBH follows-up with providers to ensure issues are addressed. Many of these individuals have been in MSH over 2 years. This information is retained in a data base.
4	Develop quality improvement process for OBH	OBH staff who monitor agency performance will receive training in the use of a module in our electronic data system (MPI) to routinely and systematically record agency performance information: customer satisfaction (CART data); incidents; and other data elements TBD.
5	Develop recovery focused outcome measures and begin monitoring of outcomes	OBH established a Data Evaluation Group now reviewing the National Outcomes Measures (NOMS), examining existing data sources to obtain these measures, and planning how to capture data for measures not currently obtained. ACCR Measurement of Recovery Oriented Services Survey, and adult and child/family Guidelines will be included in the DHS/OBH Contracts Specifications Manual to provide recovery oriented guidance to agencies' 07-08 contract Work Statements.

Attachment G2 (Required)

County Allegheny

HEALTHCHOICES QUALITY MANAGEMENT SUMMARY

A. Description of linkages

Briefly describe the functional linkages between your county program's Quality Management program and the Quality Management program of the contracted Behavioral Health Managed Care Organization responsible for your county. Include any linkages to 501(c)3 organizations. The description should include responsible individuals, level of responsibility and how the county program will actively participate in Quality Management activities. Existing HealthChoices counties should describe their current involvement. New HealthChoices counties should describe their planned involvement.

County OBH staff participate in Community Care's Quality and Care Management Committee (known as "QCMC") as well as in the development of performance standards for various levels of MH and D&A treatment. The QCMC and Community Care's Quality Department work together to develop the Annual Evaluation of the HealthChoices program --- County OBH staff participate in the QCMC and review the report, prior to publication. The County and Community Care also work cooperatively in the monitoring of provider compliance with performance and contract standards (e.g. joint record reviews/monitoring of ICM providers, CTT providers, etc.). There are also many "functional linkages" between County OBH staff and Community Care sharing information regarding licensing compliance, unusual incident reporting, contract/MA enrollment issues (compliance, suspected Medicaid fraud, etc.) and other indicators of quality of care. The OBH Deputy Director (or her designee) and the Community Care Regional Director (or her designee) are in regular/close contact regarding all member and provider specific concerns regarding quality of care including but not limited to reports of suspected or founded abuse by a provider; suspected, reported or founded incidents of Medicaid Fraud or Abuse, deaths, serious/high profile member complaints, etc. Allegheny HealthChoices, Inc. (AHCI) is the county-designated oversight entity for Community Care's compliance with the HealthChoices program requirements. AHCI receives numerous reports from Community Care as part of their oversight function. In turn, AHCI and County OBH management have frequent communications about Community Care's compliance.

B. Proposed or Recommended Changes

Briefly describe any changes that your county proposes to recommend or make to the linkages described above in Section A.

No changes recommended.

Attachment H (Required)

County _____Allegheny_____

TOP FIVE SYSTEMS CHANGES

PRIORITY	SYSTEMS CHANGES
1	Change Management Team and Transformation Committee develop comprehensive model of recovery service system
2	Implement Housing as Home Housing Plan
3	Create flexible funding incentives for providers that support a move toward a comprehensive system of Recovery oriented services.
4	Implement best practices for recovery-oriented services
5	All providers of behavioral health services will train their staff in recovery principles and practices

Attachment I (Required)

County _____Allegheny_____

EVIDENCE BASED PRACTICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS

	# Receiving Family Psycho-education	# Receiving Integrated Treatment for Co-Occurring Disorders	# Receiving Illness and Management Recovery Skills	# Receiving Supported Housing	# Receiving Supported Employment	# Receiving Assertive Community Treatment	# Unduplicated Adults w./ Schizophrenia Receiving New Generation Meds
Age							
18-20		99	9	25	5	51	HealthChoices Members only
21-64		2547	701	793	364	352	
65-74		3	10	56	7	8	
75+		0	3	99	0	2	
Not Available		0	0	0	0	0	
Totals by Age	42 *	2649	723	973	373	413	**1,431
Gender							
Male		1378	332	454	226	220	
Female		1271	391	518	147	189	
Race							
American Indian/Alaskan Native		3	1	1	1	0	
Asian		3	6	4	2	3	
Black/African American		1040	210	197	114	165	
Hawaiian/ Pacific Islander		0	0	1	0	0	
White		1415	410	631	227	218	
Hispanic		5	4	8	2	4	
More than one race			0	0	0	0	
Other		37	17	19	9	17	
Unknown		46	75	112	12	6	
Fidelity							
Do you monitor fidelity for this service? Yes or No						Yes	
If "Yes", what measure do you use?						DACT	
Who measures fidelity? County or Contractor						AHCI	
How often is fidelity measured?						Periodically	

*NAMI's Family to Family psychoeducation program.

**This number represents a sample drawn from 4/1/06-6/30/06. It does not include the Unison members but does include UPMC and Gateway within Allegheny County, so the majority of those patients meeting the criteria would be captured within the data. Demographic detail breakdown was not available.

Attachment I: Definitions

- Family Psychoeducation

This approach involves a partnership among adults and older adults with serious mental illness, family members and supporters, and practitioners, in a clinical setting. It involves relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation for adults/older adults with serious mental illness and their family members/supporters. Note: Some counties support NAMI's Family-to-Family (F2F) Education Program, rather than the family psychoeducation EBP described above. NAMI's F2F Education Program should be reported under family psychoeducation in Attachment I, with an asterisk and a note indicating that the numbers reflect the NAMI program.

- Integrated Treatment for Co-Occurring Disorders

This approach is for persons who have co-occurring disorders, mental illness and substance use disorders. This treatment approach helps people recover by offering both mental health and substance use services at the same time and in one setting. This approach includes: individualized treatment, based on the persons' current stage of recovery, education about the illness, case management, help with housing, money management, relationships/social support, counseling designed for co-occurring disorders.

- Illness Management and Recovery

This approach strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The information and skills include: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses, coping with stress, and managing symptoms.

- Supported Housing

This approach involves housing provided by the mental health system or other community organization where persons with mental health disorders or substance use disorder live and where additional supports and services are available and funded on site, as consumer needs require.

- Supported Employment

This is an approach to help people with mental illnesses find and keep competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. The core principles of this program include: eligibility based on an individuals choices and preferences, supported employment as an integrated treatment, continuous follow-along supports, help with moving beyond the patient role and new employment-related roles as part of the recovery process.

- Assertive Community Treatment

The goal of this approach is to help people stay out of the hospital and to develop skills for living in the community, so their mental illness is not the driving force in their lives. These services are customized to the individual needs of the adults and older adults with serious mental illness, delivered by a team of practitioners and available 24 hours a day. This approach addresses needs related to: symptom management, housing, finances, employment, medical, substance abuse, family, and activities of life.

- New Generation Medications

The use of anti-psychotic medications which are new, and atypical, when used in treating adults diagnosed with schizophrenia.

Note: The reporting of information on Attachment I is required under the SAMHSA Community Mental Health Block Grant. OMHSAS realizes that counties may not have all the information required on this chart and expects that counties will complete the chart using as much of the required information as possible.

Attachment J (Required)

County Allegheny

COUNTY DEVELOPMENT OF RECOVERY ORIENTED/PROMISING PRACTICES**

Practice Type	Services Existing (Check all appropriate)	Services Planned (Check all appropriate)	# Currently Served	$ Allocated for Existing Services	$ Targeted for Planned Services
Consumer Satisfaction Team	X	X	1558	OBH-$392,512 CC-$161,526	+$150,000
Family Satisfaction Team	X	X	111	See above	See above
Compeer	X	X	72	$48,636	+$30,000
Self Help / Advocacy (Specify) – NAMI, PSAN, MHA, CSP, ACCR	X	X	Unk	$1,168,801	+$500,000
Outreach for Older Adults	X	X	200	$411,306	+$400,000
Warm Line	X	X	990*	$638,000**	$0
Home Health/In Home Meds	X	X	Unk	$264,000	Supplemental Service
Fairweather Lodge	Under consideration			$0	+$400,000
Medication Management (SAMHSA Evidence Based Practice)	PennMAP	X	153	$37,250	+$14,900

*This number represents the Warmline's operation from 11/16/05-6/30/06.
**In 2/07 the Warmline received an additional $350,000 in Reinvestment Funds for its current budget of $638,000.

Definition:

- Medication Management Approaches in Psychiatry

This approach focuses on using medication in a systematic and effective way, as part of the overall treatment for severe mental illness. The ultimate goal is to ensure that medications are prescribed in a way that supports person's recovery efforts. This approach includes: guidelines and steps for medication decision making based on current evidence and outcomes, systematic monitoring and record keeping of medications, adults and older adults with serious mental illness and family member involvement.

*** This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults and older adults with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail.*

Attachment K (Required)

County _____Allegheny_____

TOP FIVE FUNDING REQUEST FOR INFRASTRUCTURE SUPPORT OR ENHANCEMENT OF SERVICE CAPACITY, THAT REQUIRE NEW STATE FUNDS

Top 5	Target Group Pop. 1 (or as noted)	*Brief Description of Infrastructure Support or Enhancement of Service Capability that Require New State Funds*	Cost Center*	Six (6) Month Cost	Annualized Cost
1	Adult 1	Direct Service Staff Salary Increase (FY 06-07 request plus 2%)	CRS	$1,638,000	$3,276,000
2	Adult 1	Supported Employment Program	CEERS	$1,600,000	$3,200,000
3	Adult 1	Housing As Home Plan. One-year funds to backfill the dropout of HealthChoices reinvestment dollars. This includes request for an additional one million dollars for the Housing Development Fund.	HSS	$900,000	$1,800,000
4	Adult 1	Peer support consumer run drop-in centers (4) and backfill of Warmline reinvestment dollars	CS	$1,000,000	$1,500,000
5	Adult 1	Fairweather Lodge Housing	CRS	$400,000	$200,000

Infrastructure Support or Enhancement of Service Capability requiring new state funds must be prioritized for Adult Target Population 1. However, counties are permitted and strongly encouraged to target one of the top five requests to older adults (for identification/intervention services), or to transition age youth. This request can include any target population group. All requests for new state funds must be tied to the "Assessment of Need" section of the plan.

* This column should indicate the cost center for the new service.

Attachment L (Required)

County _____

COUNTY BUDGET (Excel spreadsheet on CD)

Attachment M (Required)

County _____Allegheny_____

INVENTORY OF SERVICES OPERATED OR FUNDED BY COUNTY

Service Name	Available County-Wide (Yes or No)	Available Only n Some Areas (Yes or No)
Intensive Case Management	Y	
Intensive Outpatient	Y	
Assertive Community Treatment	Y	
Emergency	Y	
Services for persons with Mental Illness and Mental Retardation or Developmental Disabilities	Y	
Integrated services for persons with Mental Illness and Substance Abuse	Y	
Employment/vocational rehabilitation	Y	
In home family services	Y	
School based services	Y	
Consumer run services	Y	
Intake/screening	Y	
Diagnostic evaluation	Y	
Information and referral services	Y	
Individual therapy	Y	
Family/couple therapy	Y	
Group therapy	Y	
Collateral services	Y	
Electro-convulsive therapy	Y	
Medication therapy	Y	
New generation medications	Y	
Activity therapy	Y	
Behavioral therapy	Y	
Mobile treatment team	Y	
Peer support	Y	
Psychiatric emergency walk in	Y	
Telephone hotline	Y	
Vocational rehabilitation services	Y	
Supported employment services	Y	
Education services	Y	
Psychiatric rehabilitation	Y	
Case Management services	Y	
Family support services	Y	
Wrap around services	Y	

INVENTORY OF SERVICES (page 2)		
Service Name	**Available County-Wide (Yes or No)**	**Available Only in Some Areas (Yes or No)**
Legal advocacy	Y	
Drop in center	Y	
General support	Y	
Intensive residential services	Y	
Supportive residential services	Y	
Housing services	Y	
Respite services (non-residential)	Y	
Therapeutic foster care	Y	
Foster care	Y	
Supportive housing	Y	
Partial hospitalization	Y	
Day treatment	Y	
Community support	Y	
Community support per-diem	Y	
OTHER (Please list) Mobile medication	N	Y

Attachment O (Reference)

County _____Allegheny_____

COUNTY MENTAL HEALTH PLAN REVIEW CRITERIA TO BE USED BY OMHSAS

PLAN CRITERIA	**REVIEW NOTES** *In each relevant area please respond "Yes" or "No", and briefly describe those areas of strength within the Plan and/or any areas where improvements are needed.*
TIMELY AND COMPLETE SUBMISSION	
· The County MH Plan was submitted on time.	
· The County Plan was distributed to all relevant OMHSAS contacts in the required formats.	
SIGNATURES OF AUTHORITIES (Attachment A)	
· The required signature page(s) is/are attached.	
PUBLIC HEARING (Attachment B)	
· The Public Hearing notice is attached.	
CSP COUNTY PLAN DEVELOPMENT PROCESS CHECKLIST (Attachment C)	
· The CSP Plan Development Process Review checklist was received and signed as required.	
· The CSP Committee endorses County Plan. If "No", indicate the reason(s), and list the corresponding numbers of "No" responses from the CSP Plan Development checklist.	
EXECUTIVE SUMMARY (Narrative Section)	
· The Executive Summary offers a brief plan summary.	
VISION & MISSION (Narrative Section)	
· The Vision & Mission Statement clearly indicate the County's goal of recovery for individuals with mental illness.	

PLAN CRITERIA	REVIEW NOTES *In each relevant area please respond "Yes" or "No", and briefly describe those areas of strength within the Plan and/or any areas where improvements are needed.*
PROCESS FOR COMPLETING THE PLAN (Narrative Section)	
· The process for completing the Plan is described.	
· It demonstrates evidence of inclusive, open, and accessible meetings.	
· It describes inclusion of stakeholder and public input in: assessing and analyzing needs, developing systems change plans, and recommending new, enhanced or redesigned services and supports. · It includes a general description of cross-systems collaboration efforts, including those involving: providers, C/FST, CSP, NAMI, AAA and other groups.	
· It describes any barriers or problems in acquiring stakeholder input.	
· It identifies how OMHSAS feedback was addressed.	
ASSESSMENT OF SYSTEM STRENGTHS AND NEEDS (Narrative Section)	
· The Plan offers an update of the system strengths and needs.	
· It includes any analysis of the need to reduce, redesign or increase existing peer services, recovery efforts and/or support services,	
PLAN FOR SYSTEM CHANGE (Narrative Section)	
· The Plan describes the County's efforts to redesign services and supports to facilitate recovery and improve service access, quality and outcomes.	
· It describes any other plans for addressing human resource, policy and procedure or other changes necessary for system change.	
· It identifies any obstacles or barriers to change.	
· The Plan offers an overview of the County's initiatives to plan for and implement or maintain EBP and Recovery-Oriented/Promising Practices.	
· It identifies activities to enhance peer support services.	
· It provides highlights of quality management activities which further the County's vision/mission.	
HOUSING (Narrative Section)	
· The Plan outlines the process by which the County will plan for and begin to implement a housing and recovery-oriented services workplan.	
QUALITY MANAGEMENT (Attachments G1 and G2)	
· The Plan offers an update to the County's quality management activities.	
· It provides a summary of the County's HealthChoices	

PLAN CRITERIA	REVIEW NOTES *In each relevant area please respond "Yes" or "No", and briefly describe those areas of strength within the Plan and/or any areas where improvements are needed.*
quality management linkages.	
EVIDENCE BASED PRACTICES (Attachment I)	
· The Plan includes information on the delivery of Evidence Based Services.	
SYSTEMS CHANGES (Attachment H)	
· The Plan includes a listing of the County's Top 5 systems changes.	
RECOVERY-ORIENTED/PROMISING PRACTICES (Attachment J)	
· The Plan includes a listing of Recovery-Oriented and Promising Practices offered in the County.	
INFRASTRUCTURE ENHANCEMENT (Attachment K)	
· The Plan identifies the County's top 5 priorities for enhancement of system capacity.	
BUDGET (Attachment L)	*This section should provide the financial information necessary to understand the existing and future dollars needed to support systems change and support persons within SMI Target Population 1.*
· The Plan provides an accurate picture of the County's current level of funding for treatment, services and supports (Budget Form, Column 3)..	
· The Budget Form (Column 6) is consistent with costs identified in Attachment K.	
OMHSAS REVIEWER SUMMARY	*OMHSAS reviewer should note his/her overall impression of the plan, including identifying any major strengths and/or suggestions to improve the county plan document.*
Summary Comments:	

Attachment P (Required)

County _____

RECOVERY ORIENTED SYSTEMS INDICATORS (ROSI) MEASURE: ADMINISTRATIVE DATA PROFILE

Please respond to each item as thoroughly as possible. Please report data from your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

For Indicators numbered 1 and 21, one of the things we are looking for are strong programs that show evidence of the use of recovery principles in an interesting and innovative way. If you feel your program is innovative, please include a narrative regarding why you think it is a good program.

County Indicators:	**County to complete Indicators 1, 2, and 21**
Indicator 1: Independent Peer/Consumer Operated Programs	Is there is at least one independent peer/consumer operated program in your County? 1a. Yes__X__ No_____ 1b. If answer above is yes, how many independent peer/consumer operated programs are located in your county? __1___ If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program. **See Attachment Q – Peer Support and Advocacy _Network** Definitions: **County** encompasses the geographic boundaries for providing mental health services **Independent Peer/Consumer Operated Program** is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors.

ROSI ADMINISTRATIVE DATA PROFILE (Page 2)	
County Indicators:	**County to complete Indicators 1, 2, and 21**
Indicator 2: Peer/Consumer Delivered Service Funding	What percent of county program funds are allocated for peer/consumer delivered services? 2d. Numerator: For the reporting period, the amount of program funds in the county mental health budget allocated for peer/consumer delivered services: 2d. _$5,165,312_ 2e. Denominator: For the reporting period, the total amount of program funds in the county mental health budget: 2e. _$228,377,246_ 2f. Indicator: For the reporting period, the percentage of county program funds allocated for peer/consumer delivered services. (Numerator 2a. divided by denominator 2b.) 2f. _____2.3_ **%** Definitions: **Peer/Consumer Delivered Services** include both (a) Independent Peer/Consumer Operated Programs as well as (b) services that may be sponsored by an umbrella organization but are delivered by consumers/ survivors. Examples include paid consumers/ survivors working as peer specialists, support group facilitators, drop-in center staff, case managers, recovery educators, etc. as well as funding for the services, such a consumer drop-in centers, club houses, support groups, etc. This includes Medicaid match funds for such services. **Allocated funds** are those set apart or earmarked for the peer/consumer delivered services.

ROSI ADMINISTRATIVE DATA PROFILE (Page 3)	
County Indicators:	**County to complete Indicators 1, 2, and 21**
Indicator 21: Diversion from Criminal Justice System	Does your County have a jail diversion program for adults? 21a. Yes_X__ No_____ If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program. **See Attachment Q – Jail Diversion Program** Definition: **Jail diversion programs** are programs, for example: mental health court that diverts individuals with a mental illness from the criminal justice system to community-based services. The diversion program should be integrated with existing systems of care and foster collaboration between the systems (criminal justice, mental health and substance abuse).
County Indicators:	**County to complete Indicators 5, 9, and 14 by surveying its Providers**
Indicator 5: Affirmative Action Hiring Policy	Of those local mental health provider agencies who responded to your survey, how many have an affirmative action hiring policy regarding primary consumers? 5a. Numerator: The numbers of responding local mental health provider agencies that have an affirmative action hiring policy regarding primary consumers. 5a. ___4____ 5b. Denominator: The total number of responding local mental health provider agencies. 5b.___28____ 5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. (Numerator 5a. divided by denominator 5b.) 5c.__14.3_% Definition: **Local mental health provider agencies** are the legally established organizations where people go to get mental health services or treatment.

ROSI ADMINISTRATIVE DATA PROFILE (Page 4)	
County Indicators:	**County to complete Indicators 5, 9, and 14 by surveying its Providers**
Indicator 9: Local Agency Recovery Oriented Mission Statement	Of those local mental health provider agencies who responded to your survey, how many have a mission statement which explicitly includes a recovery orientation? 9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation. 9a.___12___ 9b. Denominator: The total number of responding local mental health provider agencies. 9b.___28___ 9c. Indicator: The percentage of local mental health provider agencies responding whose mission statement explicitly includes a recovery orientation. (Numerator 9a. divided by denominator 9b.) 9c.__42.9_% Definition: **Local mental health provider agencies** are the legally established organizations where people go to get mental health services or treatment.

ROSI ADMINISTRATIVE DATA PROFILE (Page 5)	
County Indicators:	**County to complete Indicators 5, 9, and 14 by surveying its Providers**
Indicator 14: Consumer Representation on Local Boards	Of those local mental health provider agencies who responded to your survey, how many disclosed primary consumers (unduplicated) serve on their governing boards? 14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on governing boards of responding local mental health provider agencies. 14a. ___10___ 14b. Denominator: For the reporting period, the total number of governing board members (unduplicated) of responding local mental health provider agencies. 14b.____28__ 14c. Indicator: For the reporting period, the percentage of governing board membership that are primary disclosed consumers of responding local mental health provider agencies. (Numerator 14a. divided by denominator 14b.) 14c.__35.7_% Definitions: A **disclosed primary consumer** is a person who is open about having received psychiatric treatment/mental health services and/or managing significant mental health problems **Local mental health provider agencies** are the legally established organizations where people go to get mental health services or treatment.

Attachment Q (Required)

County _____Allegheny_____

Peer Support and Advocacy Network

Allegheny County's only peer/consumer operated program, Peer Support and Advocacy Network (PSAN) is an innovative leader among peer/consumer operated programs. PSAN is staffed 100% by current or former consumers of mental health services. Over 51% of PSAN's board members are current or former consumers which enables them to bring a perspective to the operation of the organization that most mental health serving agencies lack due to the absence of consumers on their boards. PSAN currently operates two innovative programs serving other mental health consumers.

The Peer Mentoring Program links PSAN members with consumers preparing for discharge from Mayview State Hospital. The Peer Mentor becomes an important link between the hospital and the community as the person adjusts to life in the community. What makes this program unique is that the Peer Mentor stays with the person after discharge from the hospital and serves as a support system in the community.

A second innovative program, the Warmline, employs consumers who provide telephone support to other consumers in need of information, support, or just social conversation. Receiving over 500 calls/month, Warmline operators have helped to decrease the social isolation many mental health consumers experience, which in turn has enabled people to avoid hospitalization. Some consumers call the Warmline daily for emotional support.

Providing services to other mental health consumers helps PSAN employees along in their own recovery and demonstrates that people can and do recovery from mental illnesses. PSAN is incorporated as a 501 (c) (3) organization.

Jail Diversion Program

Allegheny County's Office of Behavioral Health Forensic Services Program has been a national leader in diverting and providing support for consumers with serious mental illness who are involved with the legal system. Allegheny County was one of the first to start Mental Health and Drug and Alcohol Courts for behavioral health consumers in need of services not detention. OBH's Forensic Services was recognized by the New York Times (May 4, 2004) as a highly successful program and was awarded the prestigious Ash Institute for Democratic Governance and Innovation Award by the Kennedy School of Business at Harvard University.

With the implementation of two recently awarded grants for the creation of a Crisis Intervention Team with the Pittsburgh Police Department and Pre-Booking Diversion Program, Allegheny County will be one of the few locations nationally to have all five intercepts of the Sequential Intercept Model, which is considered the best practice model for forensic mental health service systems.

More importantly, what sets OBH's Forensic Services Program apart are the results. Recidivism rates are consistently far below the national average.